

New Hampshire Health Protection Program: Premium Assistance Program Implementation

January 29, 2015



NEW HAMPSHIRE
DEPARTMENT OF
HEALTH AND
HUMAN SERVICES



NEW
HAMPSHIRE
INSURANCE
DEPARTMENT

Agenda

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- **Enrollment Processes**
- **Medically Frail Identification Processes**
- **Discussion**
- **Tracking Cost-Sharing**
- **Update on Waiver Approval Process**
- **Next Steps**



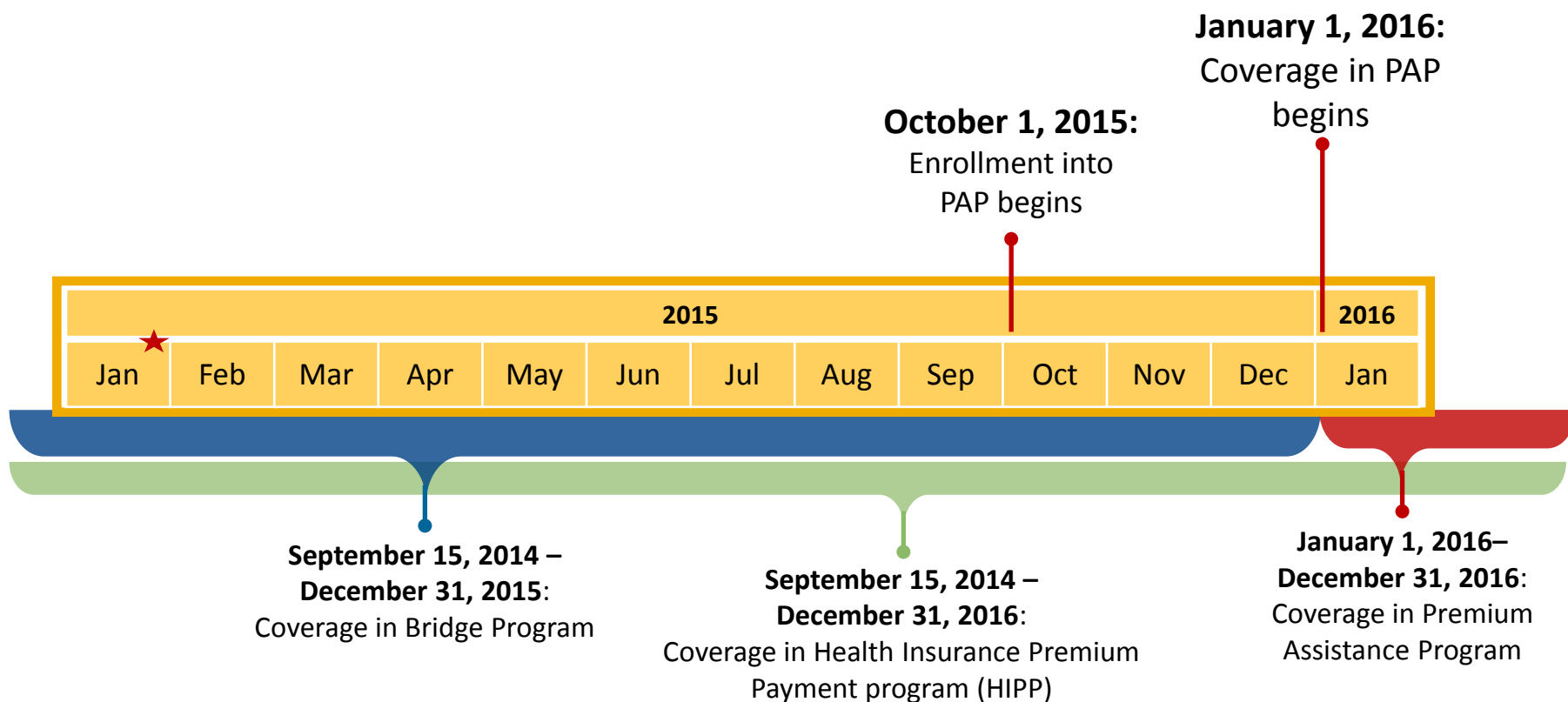
Enrollment Processes



Premium Assistance Program Enrollment

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Enrollment into the Premium Assistance Program (PAP) begins on October 1, 2015,
for coverage beginning on January 1, 2016.
The transition of Bridge enrollees will also begin in October 2015.



Pathways to Enrollment

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Enrollees may enter the Premium Assistance program as a:

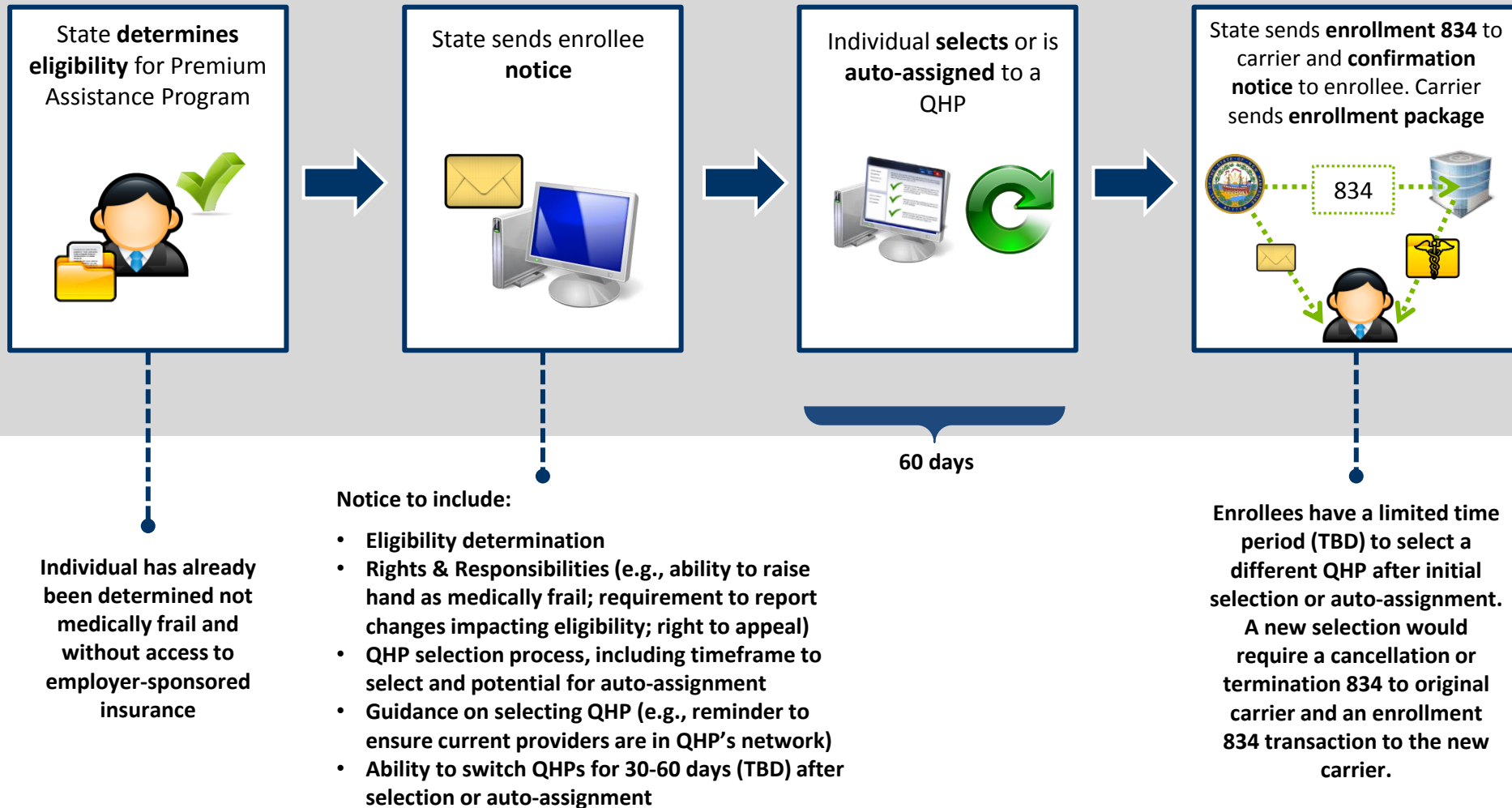
- 1 New applicant
- 2 Bridge enrollee without complementary QHP in the Marketplace
- 3 Bridge enrollee with complementary QHP in the Marketplace

Senate Bill 413 states that Bridge program enrollees in Medicaid managed care organizations (MCOs) “shall be automatically enrolled at the beginning of open enrollment in a comparable QHP by that same MCO if one is available unless, such newly eligible adult subsequently chooses a different QHP during the enrollment period. If a comparable QHP is not offered by the newly eligible adult’s MCO then the newly eligible adult may choose from any QHPs, if cost effective.”



Enrollment Process for New Applicants

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Effective Coverage Dates

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Effective coverage dates for the Premium Assistance Program will be aligned with the Marketplace.

**834 received between the
1st and 15th of the month**



**Coverage begins on the
1st of the following month**

**834 received between the
16th and the last day of the month**

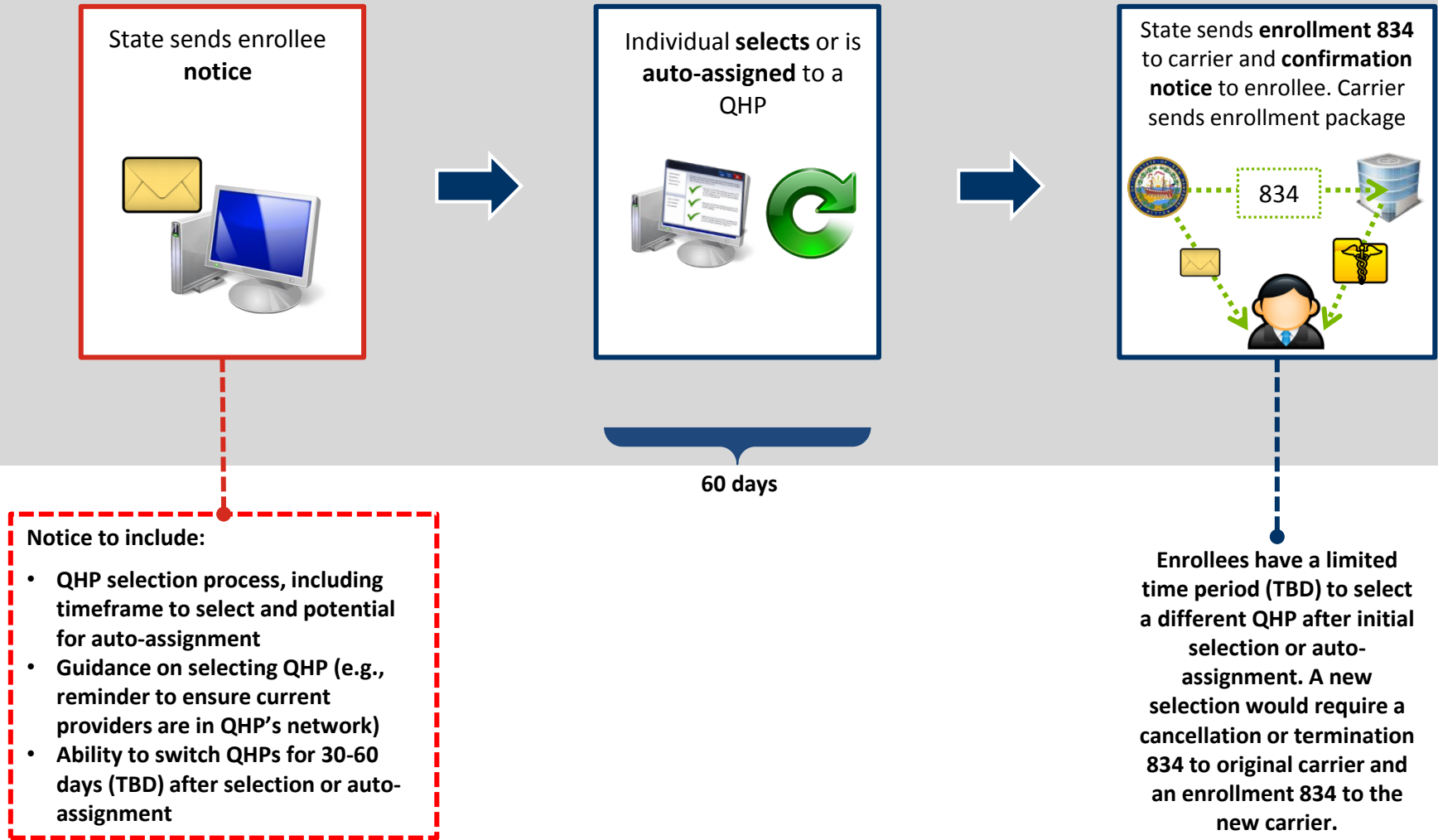


**Coverage begins on the
1st of the second following month**



Enrollment Process for Bridge Enrollees without Complementary QHP

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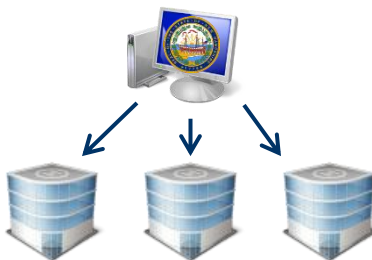
Enrollment Process for Bridge Enrollees with Complementary QHP

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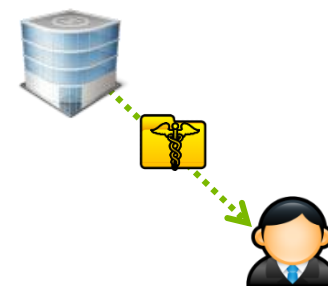
State **auto-assigns** enrollee to QHP and sends **notice to enrollee by October 15, 2015**



State sends cumulative **enrollment 834 transactions** to each carrier by **December 15, 2015**



Carrier sends **enrollment package** to enrollee



Notice to include:

- Name of auto-assigned QHP
- 1/1/16 coverage effective date
- Process and timeframe to select different QHP in advance of 1/1/16 coverage



Enrollment Elements Under Development

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Plan Selection Portal

- The State will leverage the **NHEASY infrastructure** to enable simple, online plan selection of QHPs available to an enrollee based on his/her geographic location and income.
- The State will also permit selection of a QHP by phone or in-person.



Premium Payment

- On a monthly basis, the State will send 820 transactions to carriers reflecting total premiums and cost-sharing reductions* for all of the carrier's Premium Assistance enrollees.
- The State will electronically transfer funds to carriers' bank accounts.
- Carriers may perform verification for reconciliation with the State.

**The processes for calculating and reconciling advance cost-sharing reduction payments will mirror federal processes in place for 2016 plan year*



Medically Frail Identification Processes



Medically Frail Identification at Application

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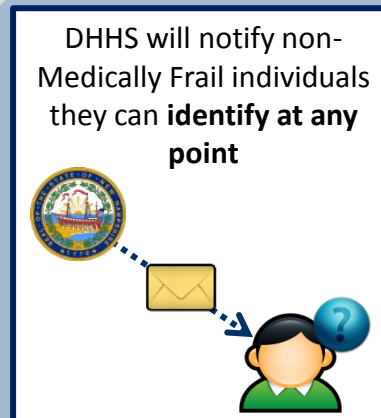
Medically Frail Individuals



Individuals will be identified as medically frail if they indicate that they:

1. Have a physical, mental or emotional condition that causes limitations in daily activities
2. Reside in a medical facility or nursing home

All Others



Change in Medically Frail Status During Plan Year

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Need Identified by Individual



Individuals may **self identify** as Medically Frail at any point in the year

Need Identified by Carrier & DHHS



Carriers may identify **to DHHS** individuals who have requested services that are **not** covered by the QHP but may be covered by Medicaid

- Long-term care services will likely be the most commonly requested service that is not covered by the QHP but is covered by Medicaid



DHHS may choose to inform these individuals of their right to self-identify as medically frail



The ultimate decision to identify as medically frail is the enrollee's



Change in Medically Frail Status During Plan Year (Cont.)

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Addressing health improvements mid-year

- Individuals may inform DHHS they had a change in health status and are no longer medically frail
- These individuals will be transitioned to **QHP coverage effective January 1** of the following year.
- Individuals who are no longer medically frail will receive the ABP through **Medicaid Care Management** until QHP coverage becomes effective.



Medically Frail Identification at Renewal

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Renewal Notices



Renewal notices will include an individual's Medically Frail status and provide the opportunity to update the status.

Notice will also remind enrollees of the right to self-identify at any point during the year should their health status change.



Discussion



Tracking Cost-Sharing



Update on Waiver Approval Process



Next Steps

- Next carrier meeting to be scheduled for February

